Complete and mail this form, together

PART B-ISSUE FEE TRANSMITTAL

Box ISSUE FEE

Assistant Commissioner for F. Ats Washington, D.C. 20231

T

(Depositor's name)

MAILING INSTRUCTIONS This form shorts be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed in the state of th Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

						(Signature)
New Add Ress LA	76/0					(Date)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS EXAMINER AND GROUP ART UNIT		DATE MAILED		
09/298,515	04/23/99	017	TRAN, T		2651	07/30/01
First Named Applicant NONAKA, (Chiaki	35	USC 154(b)) term ext. =	0 Day	5.

TITLE OF INVENTION RECORDING APPARATUS AND METHOD, AND REPRODUCING APPARATUS AND METHOD

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE	
2 50NY-P9488	369-053.	250 J9	3 UTIL	ITY NO	13400	10/30/01	
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the name attorneys or Change of Correspondence Address form PTO/SB/122) attached.				on the patent front page, list of up to 3 registered patent gents OR, alternatively, (2) a single firm (having as a pistered attorney or agent)	Macol CLI AND MAIED		
				s of up to 2 registered patent gents. If no name is listed, no ninted.			
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee		4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):					
Inclusion of assignee data is only at the PTO or is being submitted unde filing an assignment. (A) NAME OF ASSIGNEE	sty submitted to	P) Jesus Saa					
Sony Corporat (B) RESIDENCE: (CITY & STATE C TOKYO, JAPAN		4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 15-0030 (ENCLOSE AN EXTRA COPY OF THIS FORM)					
Please check the appropriate assign individual	on the patent)	IS Issue Fee Advance Order - # of Copies					
The COMMISSIONER OF PATENTS A	ND TRADEMARKS IS reque	sted to apply the Is	sue Fee to the app	lication identified above.			
NOTE; The Issue Fee Will not be acceptor agent; or the assignee or other party Trademark Office.		e applicant; a regi	stered attorney	10/05/2001 ABDUNE 01 FC:142 02 FC:561	2 00000019 097	298515 1280.00 DP 30.00 DP	
Burden Hour Statement: This form depending on the needs of the indiv to complete this form should be set Office, Washington, D.C. 20231. DO ADDRESS. SEND FEES AND THI Patents, Washington D.C. 20231	time required nd Trademark RMS TO THIS						
Under the Paperwork Reduction Act of information unless it displays a value							